

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

TO BE COMPLETED BY THE DEPARTMENT

**BUDGET TRANSFER REQUEST #1**

TRANSFER #	
DATE	
CODE BY	

DOCUMENT TOTAL	\$ 16,000.00
NUMBER OF LINES	2
TRANSACTION CODE TOTAL*	N/A

DEPT 15: CARES ACT

DEPARTMENT OR AGENCY NAME

9/25/2020

DATE

*Scott*

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*

- \* 002 = INCREASE ESTIMATED REVENUE
- \* 003 = DECREASE ESTIMATED REVENUE

- \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED
- \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

S F X	ACTION	ORG	OBJ	PL	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	INC APPROP	1580000	6040	15CARES21-1550	\$ 8,000.00	INC FIXED ASSET PHARMA REFRIG
2	DEC APPROP	1580000	4500	15CARES21-1550	\$ 8,000.00	DEC SPECIAL EXP PHARMA REFRIG
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

*Legistar 20-1241  
10/13/20*

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTROLLER

DATE

*Emma*

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

*10/6/20*

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS